Indigo Care Services (2) Limited

Lofthouse Grange and Lodge

Inspection report

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Lofthouse
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Tel: 01924822272

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Lofthouse Grange and Lodge is a residential care home providing personal care to 63 people aged 65 and over at the time of the inspection. The service can support up to 88 people.

People's experience of using this service and what we found
Care plans generally contained good person centred information and were updated regularly.

There were enough staff trained and deployed to ensure people's needs were met, however some people gave mixed feedback around staffing levels and staff not being present in communal areas. We have made a recommendation around staff deployment.

People were kept safe from abuse and harm by staff who were recruited safely and trained in safeguarding procedures. People received their medicines as prescribed.

People received good access to health and social care professionals, and their health and wellbeing was monitored and managed appropriately by staff who had been adequately trained and supported by the provider.

People and their relatives praised staff for their kindness and compassion. Staff demonstrated that they knew people well, and supported people to maintain their independence, dignity and privacy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were adequate systems and processes to monitor and improve the quality of the service delivered. There was a new management team in post who demonstrated that they were engaging proactively with people to ensure their opinions were heard and used to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 12 July 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Lofthouse Grange and Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was completed by one inspector and two Experts by Experience. Experts by Experience are people who have experience of using or caring for someone who uses regulated services.

Service and service type
Lofthouse Grange and Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, at the time of this inspection. The manager had submitted their application to register and this was being processed. The provider and a registered manager are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from local

Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 13 people who used the service and 14 relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, assistant manager, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with a visiting health professional to gather their feedback on the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
After the inspection we received further evidence from the provider as agreed during the inspection.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.
Staffing and recruitment
● We found that there were enough staff on duty to ensure people's needs were met, however while staff were positive about improvements to staffing levels, people and relatives gave mixed feedback. Comments from people and relatives included, "It varies, sometimes they could do with more staff, they are very hard worked", "There seems enough staff", "If I press the buzzer they come straight away".
● We also observed an incident during the inspection where a member of staff was not present in a communal area for a brief period of time. We raised this with the deputy manager who investigated and found a miscommunication had occurred. The deputy manager spoke with the staff involved.
● Staff comments included, "Staffing levels improved massively, thank goodness the agency staff we used were regular agency they knew the place very well", "Staffing levels fine now, new starters coming in, it's really gone up, loads of new staff. Bit of agency, not having an impact, we get regulars that come, they know the home now coming here 1-2 years. Its ok, its fine."

We recommend the provider review systems and processes around staff deployment.

● We reviewed staff recruitment and found systems and processes, including background and identity checks, were safe.

Systems and processes to safeguard people from the risk of abuse
● There were appropriate systems and processes in place to safeguarding people from the risk of abuse. Concerns were investigated appropriately, and staff understood the provider's safeguarding and whistleblowing procedures.
● People and relatives said they felt the home was safe. Comments included, "Yes, I'm safe!", "I'm not frightened at all", "[Name] is definitely safer here than when they were at home. I don't worry about [Name] at all now".

Assessing risk, safety monitoring and management
● Risks to people both individually and from the environment were assessed and managed appropriately.
● This included individual risk assessments covering areas such as falls risk, or a risk of damage to the skin from pressure ulcers. Individual risk assessments were reviewed regularly.
● There were regular checks of the environment and equipment used to ensure they were safe and fit for purpose, in line with national health and safety guidance. This included lifting equipment checks, fire drills and fire safety risk assessments.

Using medicines safely

● Systems and processes around storage, recording and administration of medicines were safe. The service operated an electronic medicines administration record (MAR) system which enabled senior staff to monitor administration. For example, where a medicine had not been given on a number of occasions, we saw staff had clearly recorded the reason was because a district nurse had administered the medicine on their visit, or on another occasion because the person was in hospital.
● Where people had been prescribed with 'as and when required' medicines, staff recorded clearly why and when the medicine was administered. Medicines care plans provided person centred information on how the person wanted their medicine, with a description of each medicine and why it was required.
● Staff received competency checks from a senior member of staff to ensure they were competent to administer medicines.

Preventing and controlling infection
● People and relatives told us staff wore gloves/aprons when appropriate and washed their hands. One relative said, "It's clean and hygienic, there's no smell".
● At the time of the inspection, the service was providing up to date guidance for staff and visitors around infection control, requiring visitors to declare their recent movements, and preventing entry to people who had recently visited countries at risk of COVID-19.
● Infection control visits from external NHS teams had been conducted which were positive with lessons learned shared with staff. Infections contracted by people were monitored and recorded which showed appropriate actions were taken to treat and prevent reoccurrence.

Learning lessons when things go wrong
● Accidents and incidents were recorded and monitored effectively to reduce their frequency and ensure actions were taken to prevent or manage future incidents. There was a regular audit of accidents and incidents with a record of actions taken for each individual.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they used the service. This included gathering information about their personalities and interests as well as their physical and mental health needs.

Staff support: induction, training, skills and experience
● Staff received good levels of support. New staff received an induction which involved shadowing senior staff, and a programme of training the provider considered mandatory. Staff training compliance was tracked and monitored by senior staff to ensure compliance with provider's targets.
● Staff said they felt they had good levels of training and support to meet people's needs. Comments included, "We do a lot of training and online training. If you need support, you can go to senior staff or the registered manager."
● Staff received regular supervisions and appraisals where they discussed their professional development or discussed learning from an incident.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink enough to maintain a balanced diet. One person said, "The food is pretty good; we have a menu and a choice and plenty of it!"
● People with specialised diets or other eating and drinking needs were catered for. One relative said, "[Name] is diabetic and has pureed food because they had a swallowing problem but they're a lot better now." Records showed people's weights were recorded and analysed and fluid/food intake recorded where necessary.
● People had access to snacks and drinks in communal areas and throughout the day. A relative said, "There's usually snacks and fruit about, and we bring [Name] things in".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with other agencies to ensure people's health and wellbeing was looked after. One relative said, "When [Name] was ill, they called the doctor, paramedics and me. I couldn't get to the hospital, but staff did".

Adapting service, design, decoration to meet people's needs
● The service was a purpose-built care home with clear signage and bright lights. The building was secured through keypad entry.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had an understanding of the principles of the MCA, including how to assess people's mental capacity and best interests. Staff were able to describe people they cared for with fluctuating or no capacity and how they ensured people's best interests were met.
- People's capacity was assessed and best interest decisions made in partnership with others. We found one capacity assessment where the capacity test was not fully completed and there was no evidence that other professionals had been involved in the assessment. We raised this with the manager who said they would conduct another assessment. Where a DoLS was required, this was applied for and tracked to ensure the application was progressing with the local authority.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said staff were kind, caring and compassionate. Comments included, "Staff couldn't be any better. They are very pleasant, polite and friendly. You can have a giggle with them", "Staff are helpful and pleasant, nothing is too much trouble. They are like my family to me", "Staff are very friendly. They take a personal interest, for example after [Name] had been in hospital they were very down and [name of staff] came in and sat down and chatted with them and shut the door. They give them a lot of attention and notice things".
- People's diverse needs and characteristics were recorded in people's care plans. Where people had expressed an interest in religion people were supported to access ministers and services. People's rooms reflected their cultural interests and backgrounds as found in their care plans. One relative said, "They make my family welcome. [Relative name] is a vicar and does a service here".

Supporting people to express their views and be involved in making decisions about their care

- People and relatives said they were involved in making decisions about their care. A relative we spoke with said, "Yes, we were involved in [Name's] care plan over the past two weeks we've been discussing it. Their needs have changed so they need more help".
- There was information available around accessing advocacy in communal areas. Advocates are people who help vulnerable adults make important decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence. Comments from people included, "They treat you with dignity and respect, for instance they always address people by their name. I use my zimmer frame to get to the dining table then they help me with sitting when I need it, they are always anticipating your needs" and "Staff always give me respect by listening to what I have to say. When helping me get washed they ask 'Can I do this?' they start with my back and ask if I want to do my front myself to respect my privacy. They talk me through it."
- Care plans contained details about what people could do for themselves, with prompts around ensuring people were offered choice and support.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant peoples needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which generally contained good person-centred detail. This included information about people's backgrounds and life histories, preferences around food and drink and people's individual needs in terms of mobility and personal hygiene. We found minor recording errors which we discussed with the manager during the inspection.
- Care plans were reviewed to ensure they contained sufficient up to date information.
- Staff we spoke with had detailed knowledge of people's personalities, habits and preferences, describing how they used different approaches tailored to people's different needs.
- People we spoke with said they had choice and control around their daily routines and lives. We saw during meal times, staff were showing people plated options to help them make decisions for themselves and throughout the inspection we saw people were given choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained details of people's communication needs and preferences. This included languages spoken, sensory abilities and any communicative aids which were used.
- Information was available in a variety of formats if required or identified through care planning and assessment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities and engage with groups that matched their interests and preferences. These were provided by staff who took a lead on activities or by external organisations and groups.
- Comments included, "Activities? See the activities planner (on the wall), there's something every day. Anyone can join in" and "[Name] wouldn't have liked activities generally as they are very private, but staff know if there is football to put it on because [Name] likes that".
- There were frequent day trips to a range of locations with individuals and also in groups. Activities were discussed and suggested as part of 'residents and relatives' meetings. During the inspection we saw a number of people who were interested being taken to an aquarium.

Improving care quality in response to complaints or concerns

● There were appropriate policies and procedures in place to record and respond to complaints and concerns. One person said, "I do know how to complain, but the only time we've had to was over a small thing like toilet rolls!"

● We reviewed the complaints file and found a decreasing trend in complaints. Complaints were analysed for trends and themes and responded to in line with the provider policy.

End of life care and support

● There were systems and processes in place for providing end of life care. This included a clear scheme of delegation for staff to work with external health and social care agencies in ensuring appropriate measures were in place for implementing end of life care.

● Staff received training in providing end of life care. There was nobody receiving end of life care at the time of the inspection. Care plans contained a record of whether the person had expressed any wishes around end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clear quality monitoring systems and processes in place. These included, daily, weekly and quarterly checks and reports across a range of performance indicators such as incidents, medicines compliance and falls, with trends and themes analysed.
- We saw that these systems provided actions for named staff to take to ensure quality was improved and these improvements sustained.
- The manager understood their legal obligation to inform CQC of significant events or changes to the service under the Health and Social Care Act 2008, and notifications were sent in a timely way.
- The service did not have a manager registered with CQC however they were new in post and had applied to do so.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a new manager in post and we found there was a positive culture at the service which was open and inclusive.
- People and relatives spoke positively about service leaders in promoting good outcomes and a positive culture. Comments included, "The manager is very down to earth and is visible. She calls in to say 'hello' and check if there is anything you want to talk about", "Mum's happy here and that's the main thing, people interact on an easy basis and that's what makes the place, I have no complaints", "It's clean, the food is good, staff are friendly, [Name] is well looked after and happy."
- Staff said there was a positive culture at the service. One staff member said, "The manager introduced herself to everyone and the residents. Really good. Really nice. Feel like she is there not just for the residents but staff as well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was working to ensure people using the service, staff and the public were engaged with positively. There were targeted surveys in a specific area, for example the most recent survey was around activities and events. There was a 76% positive response rate. As an action, the manager implemented monthly activities coordinator meetings to discuss what was effective and any ideas for further

improvements to the activities programme.
● There were frequent 'residents and relatives' meetings where the manager discussed issues within the home as well as plans for improvements to the service. There was a 'you said, we did' board with examples of improvements made as a result of people's feedback.
● People spoke positively about the meetings. One person said, "They have meetings about every fortnight. It's not for the staff, it's for outsiders. It's for what they think and what wants changing. It gives you that chance to put your thought to what's happening".

Working in partnership with others
● The manager was in regular contact with the local authority safeguarding and quality teams, and we saw evidence they were working positively with external health and social care agencies as well as groups providing activities and stimulation for people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had a duty of candour policy and procedure in place. We saw that where something went wrong staff informed people and their relatives promptly.